



Please type a plus sign (+) inside this box → ☐

PTO/SB/21 (08-00)
Approved for use through 10/31/2002. OMB 0651-0031
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application	09/479,240	
	Filing Date	January 7, 2000	
	First Named	Michel H. Klein	
	Group Art Unit	1645	
	Examiner Name	Albert Mark Navarro	
Total Number of Pages in This Submission	7	Attorney Docket Number	1038-1000 MIS:jb

TECH CENTER 1600/2800

AUG 26 2002

RECEIVED

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	1. Copy of GB 9200117.1 application
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	2. Postcard
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

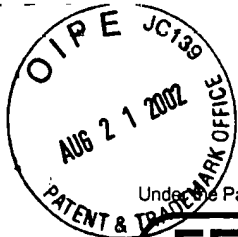
Firm or Individual name	Michael I. Stewart (Reg. No. 24,973)
Signature	Michael I. Stewart
Date	August 20, 2002

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on this date:

Typed or printed name			
Signature		Date	

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U. S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT **\$920.00**

Complete if Known

Application Number **09/479,240**
Filing Date **January 7, 2000**
First Named Inventor **Michel H. Klein**
Examiner Name **Albert Mark Navarro**
Group Art Unit **1645**
Attorney Docket No. **1038-1000 MIS:jb**

RECEIVED
AUG 26 2002
TECH CENTER 1500 2900

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None

☐ Deposit Account:

Deposit Account Number

Deposit Account Name

The Commissioner is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Credit any overpayments

☐ Charge any additional fee(s) during the pendency of this application

☐ Charge fee(s) indicated below, except for the filing fee to the above identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
101	740	201	370	Utility filing fee	<input type="text"/>
106	330	206	165	Design filing fee	<input type="text"/>
107	510	207	255	Plant filing fee	<input type="text"/>
108	740	208	370	Reissue filing fee	<input type="text"/>
114	160	214	80	Provisional filing fee	<input type="text"/>

SUBTOTAL (1)

2. EXTRA CLAIM FEES FOR UTILITY AND

Extra Claims		Fee from below		Fee Paid
Total Claims	<input type="text"/> -20** = <input type="text"/> 0	X	<input type="text"/>	= <input type="text"/> 0.00
Independent Claims	<input type="text"/> -3** = <input type="text"/> 0	X	<input type="text"/>	= <input type="text"/> 0.00
Multiple Dependent				= <input type="text"/>

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
103	18	203	9	Claims in excess of 20	<input type="text"/>
102	84	202	42	Independent claims in excess of 3	<input type="text"/>
104	280	204	140	Multiple dependent claim, if not paid	<input type="text"/>
109	84	209	42	** Reissue independent claims over original patent	<input type="text"/>
110	18	210	9	** Reissue claims in excess of 20 and over original patent	<input type="text"/>

SUBTOTAL (2) **\$0.00**

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
105	130	205	65	Surcharge - late filing fee or oath	<input type="text"/>
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	<input type="text"/>
139	130	139	130	Non - English specification	<input type="text"/>
147	2,520	147	2,520	For filing a request for ex parte reexamination	<input type="text"/>
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	<input type="text"/>
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	<input type="text"/>
115	110	215	55	Extension for reply within first month	<input type="text"/>
116	400	216	200	Extension for reply within second month	<input type="text"/>
117	920	217	460	Extension for reply within third month	<input type="text"/>
118	1,440	218	720	Extension for reply within fourth month	<input type="text"/>
128	1,960	228	980	Extension for reply within fifth month	<input type="text"/>
119	320	219	160	Notice of Appeal	<input type="text"/>
120	320	220	160	Filing a brief in support of an appeal	<input type="text"/>
121	280	221	140	Request for oral hearing	<input type="text"/>
138	1,510	138	1,510	Petition to institute a public use proceeding	<input type="text"/>
140	110	240	55	Petition to revive - unavoidable	<input type="text"/>
141	1,280	241	640	Petition to revive - unintentional	<input type="text"/>
142	1,280	242	640	Utility issue fee (or reissue)	<input type="text"/>
143	460	243	230	Design issue fee	<input type="text"/>
144	620	244	310	Plant issue fee	<input type="text"/>
122	130	122	130	Petitions to the Commissioner	<input type="text"/>
123	50	123	50	Processing fee under 37 CFR § 1.17(q)	<input type="text"/>
126	180	126	180	Submission of Information Disclosure Statement	<input type="text"/>
581	40	581	40	Recording each patent assignment per property (times number of properties)	<input type="text"/>
146	740	246	370	Filing a submission after final rejection (37 CFR § 1.129(a))	<input type="text"/>
149	740	249	370	For each additional invention to be examined (37 CFR § 1.129(b))	<input type="text"/>
179	740	279	370	Request for Continued Examination (RCE)	<input type="text"/>
169	900	169	900	Request for expedited examination of a design application	<input type="text"/>

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) **\$920.00**

SUBMITTED BY

Name (Print/Type) **Michael I. Stewart**
Signature **Michael I. Stewart**

Registration No. (Attorney/Agent) **24,973**

Complete (if applicable)

Telephone **(416) 595-1155**
Date **August 20, 2002**

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

08/22/2002 SZWJEL 00000090 03479240
01 FC:117
920.00 37